Practitioner's Docket No. BOMDENUS   *PATENT*
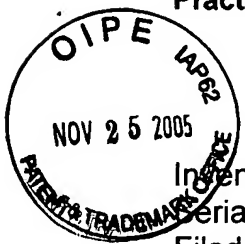
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	BOWSHER, M. William	}	GAU: 3732
Serial No.:	10/810,245	}	Examiner: MANAHAN, Todd
Filed:	03/25/2004	}	
Title:	Oral Hygiene Apparatuses	}	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1.   Transmitted herewith is a response for this application comprising:

      4 Pages Amendment with Remarks.

STATUS

2.   Applicant is a small entity.

EXTENSION OF TERM

3.   The proceedings herein are for a patent application, and the provisions of 37 C.F.R.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING   **FACSIMILE**

☒   deposited with the United States Postal Service   ☐   transmitted by facsimile to the Patent and
with sufficient postage as first class mail in an   Trademark Office.
envelope addressed to the Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-
1450.

Date: __11/21/05__

Signature

Thomas P. O'Connell
(type or print name of person certifying)

(Amendment Transmittal--page 1)

Section 1.136(a) apply. Applicant believes a total extension period of three (3) months is required at a fee of $510.00. If a further extension is required, please consider this a petition therefor.

Extension Fees Enclosed (by Credit Card Payment Form): $510.00

FEE FOR CLAIMS

4.   The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total 63	Minus	63	=	x $9 =	$0
Indep. 3	Minus	3	= 0	x $42 =	$0
First Presentation of Multiple Dependent Claim			+ $135 =		$0
			Total Addit. Fee	$0	

*   If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
**   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
***   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
       The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

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